PATENT APPLICATION FEE DETERMINATION RECORD Effective COUNTY, 2003

Application or Docket Number

09/8436.06

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTUED	TILAN
TOTAL OLIVER			(Colum	(Column 1)		(Column 2)		TYPE		OR	OTHER THAN OR SMALL ENTIT	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE	1335	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			mi	minus 20=		*		X\$ \(\] =	000	OR	X\$18 =	-110
100	DEPENDENT (m	minus 3 =		*		X43=	 		X8b=		
MULTIPLE DEPENDENT CLAIM PRESENT									 	JOR		
* If the difference in column 1 is less than zero, enter "0" in column						zolumo 2		+145=	ļ	OR	+∂90=	
CLAIMS AS AMENDED - PART II						701011111 E		TOTAL	<u> </u>	OR	TOTAL	
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	20	Minus	**	0	= /.		x\$9=	/	OR	X\$(8=	FEE_
	luqebeuqeut	1 2	Minus	***	<u>う</u>	=		X{z=		OR	×26=	
!	Trinor Prices	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM			+{45:=		OR	-\$#\$÷	
			•				L	TOTAL ADDIT. FEE		OB	TOTAL ADDIT, FEE	
,		(Column 1)		(Colum	n 2)	(Column 3)				• . •	-0011.1 CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X19 =		OR	X\${8=	
	Independent	*	Minus	***		=		X43=		OR	×86=	
L	THIST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		ŀ					
			•			· · ·	L	+145= TOTAL		OR	=OPG+	
٠		20.					A	DDIT. FEE		OR	ADDIT FEE	
	NAME OF TAXABLE PARTY	(Column 1)	EAST-WARE	(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		= .		X\$9=		OR	X\$[8=	1 111
	Independent	*	Minus	***		=	┟┟	x13=				
•	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	^1J=	· .	OR	x86	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+316=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number (good in the appropriate box in solumn).												
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*U.S. Government Printing Office: 2003 — 496-278/69151